IDHHC

528 South 5th Street, Suite 209, Springfield, IL 62701
217/557-4495 (V/TTY) ❋ 217/303-8010 (VP) ❋ www.idhhc.illinois.gov

Initial Licensure Application - Sign Language Interpreter for the Deaf

APPLICANT INFORMATION -- You must notify IDHHC in writing, of any address changes after you file this application in order to receive any further information.

1. Name (Last, First, Middle, Suffix)	2. Maiden Name		
3. Social Security Number	4. Date of Birth	5. County	
6. Mailing Address	7. City	8. State	9. Zip Code
10. Telephone Numbers Where You Can Be Reached Cell _____ VP _____	11. Email Address / Pager		

DIRECTORY INFORMATION

All licensed interpreters are listed in the Directory published on the IDHHC's website. At minimum the Interpreter's name, city, state, licensure status and disciplinary history will be published. Please select from the following options if you would like to have additional contact information published: ☐ Cell ☐ VP ☐ Pager/Email

EDUCATION

1. What is the highest level of education attained (not necessarily in the area of interpreting):

☐ High School Diploma/GED ☐ Associate ☐ Bachelor ☐ Masters ☐ Doctorate ☐ Other _____

2. Have you graduated from an interpreting training program? ☐ YES ☐ NO

3. If yes, which interpreter training program?

CERTIFICATION/LICENSE

What current certification(s) or assessment(s) do you possess? (attach proof of all current, valid certifications or assessments)

Which licensure proficiency level are you applying for?

☐ Provisional ☐ Intermediate ☐ Advanced ☐ Master

RECORD OF LICENSURE INFORMATION

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, novice or apprentice license it must be listed here also. In addition, the Verification of Licensure in other state(s) must be completed by the state which issued the license and submitted in support of your application. Failure to disclose all license held may result in denial of your application or other appropriate action.

State of Current Licensure where you most recently have been practicing.	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)

PERSONAL HISTORY INFORMATION	**Yes**	**No**
1. Have you ever been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under $500). If yes, attach a detailed explanation including supporting documentation.	☐	☐
2. Have you ever held or applied for a license, certification, registration, or permit for interpreting in any state, country or province, has it been or was it ever denied, reprimanded, suspended, restricted, revoked or otherwise disciplined, curtailed or voluntary surrendered under any circumstances?	☐	☐
3. Do you have a medical condition that in any ways impairs or limits your ability to perform the duties of an interpreter with reasonable skill or safety?	☐	☐
4. Have you ever been found to have violated the code of ethics of a national organization that issued you a certification you hold or ever held? If yes, what offense (send supporting documentation) and please explain.	☐	☐

CHILD SUPPORT INFORMATION

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.

   Are you more than 30 days delinquent in complying with a child support order? ☐ Yes ☐ No

CERTIFYING STATEMENT

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

_____ _____

Signature of Applicant Date

I UNDERSTAND THAT ALL FEES THAT ARE NOT REFUNDABLE. My signature above authorizes the Illinois Deaf and Hard of Hearing Commission to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than $50.